

Title II-A Application

Step-by-step instructions on how to complete the newly revised
Title II-A Application: Reimbursements

Frank Chiki
Senior Federal
Grants Specialist



First Reimbursement



INDIANA DEPARTMENT OF EDUCATION

Federal Program Title: Title II-A Improving Teacher Quality FFY2021 Reimbursement Form

DUE DATE: 1st and 15th of Each Month

Project Period: - 09/30/22

School Corporation (#) Name: 0

Fund: 6840 series Receipt Acct: 4990

Federal Agency: U.S. Department of Education

CFDA Number: 84-367A

Pass Through Agency: Indiana Department of Education

Award Number: S367A200013

Award Name: FFY2021 Title II-A Supporting Effective

BUDGET SUMMARY

Budget Categories	Approved Budget	Expenses from _____ to _____	Total Expenses to Date
1. Category One: Recruitment, Retention, Incentives, Differentiated Pay			
2. Category Two: Professional Development			
3. Category Three: Class-Size Reduction			
4. Administration (Max 3% of total allocation)			
5. Indirect Cost Rate	\$ -		
6. Nonpublic Equitable Share			
Nonpublic Activities	\$ -		
Admin	\$ -		
Indirect Cost	\$ -		
6. Transfer Funds to:			
Title I-A (FFY2021)	\$0.00		
Title I-A (FFY2022)	\$0.00		
Title III-A (FFY2021)	\$0.00		
Title III-A (FFY2022)	\$0.00		
Title IV-A (FFY2021)	\$0.00		
Title IV-A (FFY2022)	\$0.00		
Total Approved Budget	\$ -		
Less funds transferred to FFY2021 Title II-A	\$0.00		
Total Available	\$ -	\$0.00	\$0.00
		The amount shown above is the amount to be reimbursed for this period.	

Step 1: Enter the date range for reimbursement.

Step 2: Enter the amount sought for reimbursement on the applicable line.

Step 3: Enter the total expenses to date for applicable categories.

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I certify that all activities took place within the approved project period indicated above. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise."

*Prepared by: _____ Date _____

Signature: _____

Printed Name: _____

Title: _____

Step 4: Fill in the information for Prepared by and Approved by.

*Approved by: _____ Date _____

Signature: _____

Printed Name: _____

Title: _____

Step 5: Print just this page (tab) to obtain original signatures.

*The preparer and approver must be two individuals

Step 6: Submit fully completed and signed document to this address.

Submit form to: Alisa Payton
title2a@doe.in.gov

Amendment Reimbursements



INDIANA DEPARTMENT OF EDUCATION

Federal Program Title: Title II-A Improving Teacher Quality FFY2021 Reimbursement Form

DUE DATE: 1st and 15th of Each Month

Project Period: 01/00/00 - 09/30/22

School Corporation (#) Name: 0

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Title IV-A (FFY2022)	\$0.00		
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***Prepared by:** _____ **Date** _____

Signature: _____

Printed Name: _____

Title: _____

Step 4: Fill in the information for Prepared by and Approved by.

***Approved by:** _____ **Date** _____

Signature: _____

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Submit form to: **Alisa Payton**
title2a@doe.in.gov

Thank You.

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 @FrankChikiIN

